Office of Child Care Policy
Quality Enhancement Grant

Final Report

Prepared by:
Snohomish Health District
Partners in Child Care

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SNOHOMISH HEALTH DISTRICT

Acknowledgments:

Many individuals have contributed to the success of this grant project including all current and past members of the Partners in Child Care team, the administration personnel of Snohomish Health District, and our community supporters and partners. Most importantly, without the participation and enthusiasm of the child care providers in Snohomish County, this project would not have been possible. We would also like to thank our local Board of Health for the support they have shown the Partners in Child Care program.

The following individuals are current members of the Partners in Child Care team at Snohomish Health District:

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The following individuals are former members of the Partners in Child Care team at Snohomish Health District since the inception of this grant project who contributed in some form to this project:

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- Donna Larson, Director, Community Health
- Bob Pekich, Director, Environmental Health

TABLE OF CONTENTS:

Appendices

LIST OF FIGURES:

LIST OF TABLES:

EXECUTIVE SUMMARY

Snohomish Health District's Partners in Child Care program has been in existence since 1994. During this time we have established ourselves as a leader in child care health and safety consultation in Washington State. Our innovative approach of pairing a public health nurse and environmental health specialist has been a model for other local health jurisdictions. We believe that regular interaction of child care facilities with health professionals will improve the quality of care children receive. Through this Office of Child Care Policy Quality Improvement grant, we have been able to develop and use a comprehensive Health and Safety Assessment tool, provide routine consultation to a select number of child care facilities, train child care staff in areas of health and safety, and evaluate the outcomes of this interaction.

In order to assess the effects of routine interaction regarding health and safety conditions and practices in child care, a strategy was developed to create a quantitative assessment tool, train child care staff, build a database, hire and train grant staff, recruit child care providers, and provide health and safety information and services. A survey of both parents and providers at the child cares participating in this grant project was also conducted. The grant project was implemented from October 1999 when the contract with Office of Child Care Policy was finalized until March 2001 when all field work was completed. The months of April through June 2001 were used to write and print the final report. Presentations on our results will continue well into the future.

A total of 35 child cares, including 9 homes and 26 centers, were enrolled in this grant project. The family home providers and child care centers enrolled varied widely with regard to demographics. Health and Safety Assessments and monthly consultations were conducted at each child care. Child care staff training, both on-site and at centralized locations, was offered by PiCC throughout the grant period. Assessment scores for each child care involved in this project were recorded at the beginning and end of the project.

All but two child care facilities (94.3%) had a marked increase in their assessment score as a result of their interaction with PiCC staff. The greatest improvement was seen in the area of sanitation, followed by playground safety, indoor safety, and behavior management respectively. The smallest change was seen in the area of growth and development. Significant improvements in the area of child growth and development were minimal because more time is needed to track these kinds of changes.

Monthly health and safety consultation was provided on topics chosen jointly by the child care provider and Partners in Child Care staff. Through these routine visits, relationships were built between health district staff and the child care providers as

evidenced by an increase in consultative phone calls, requests for information, and a continued interest in regular visits beyond the timeframe allowed by this grant project.

Partners in Child Care has learned many lessons though participating in this grant project. Through our work with community partners and the Office of Child Care policy we recognize that all agencies involved with child care must make a concerted effort to effectively collaborate and provide a consistent message. We believe this work has provided both Partners in Child Care and the child care community at large with valuable health and safety information.

During this grant project, Partners in Child Care staff were able to effectively demonstrate that child care quality is increased through routine health and safety consultation and educational opportunities provided by a multidisciplinary team of health professionals. PiCC also demonstrated that when child care staff are visited on a regular basis by health professionals, they are likely to develop open, trusting and mutually-beneficial relationships together. Because this method of providing services is so successful, Partners in Child Care will continue to utilize it. In this way, PiCC will provide consistent, effective health and safety services to the child care community of Snohomish County to promote and maintain healthy, safe and nurturing child care environments well into the future.

SECTION I
Introduction

Snohomish Health District's Partners in Child Care program has been in existence for over 7 years. During this time we have established ourselves as a leader in child care health and safety consultation in Washington State. Our innovative approach of pairing a public health nurse and environmental health specialist has been a model for other local health jurisdictions. By using this team approach Partners in Child Care is able to provide technical expertise in a broad range of health and safety topics.

We believe that regular interaction of child care facilities with health professionals will improve the quality of care children receive. Child care providers have many responsibilities and it is often difficult for them to keep updated on health and safety issues. Partners in Child Care is able to provide current health information to providers in a manner that is friendly and useful. We share this information through consultations, written materials, and trainings.

While we have been providing this assistance program for many years, we have not had the resources to develop a consistent plan of service or to demonstrate the effectiveness of our interactions. Through this Office of Child Care Policy (OCCP) Quality Improvement grant, we have been able to develop and use a comprehensive Health and Safety Assessment tool, provide routine consultation to a select number of child care facilities, and evaluate the outcomes of this interaction.

SECTION II
Methodology

Overview

In order to assess the effects of routine Health and Safety consultations with child care providers, a strategy was developed to create an assessment tool, build a database, hire staff, recruit child care providers, and provide health and safety information and services. A survey of both parents and providers at the child cares participating in this grant project was also conducted. This grant project was conducted from October 1999 when the contract with Office of Child Care Policy was finalized until March 2001 when all field work was completed. The months of April - June 2001 were used to write the final report. Presentations of our results will continue well into the future.

Creating the Assessment Tool

It was necessary to standardize our assessments of child care health and safety to measure the effectiveness of our consultations. A comprehensive assessment tool was developed to help ensure consistency among Partners in Child Care staff and to give the child care directors and home providers a written description of what would be looked for during our reviews.

The assessment tool was designed with a numerical rating scale, ranging from 1 being inadequate to 7 being best practice. The tool is divided into 12 topic areas including such things as food service, playground safety, medication management and behavior management. A score is assigned in each of 63 subcategories within the 12 major topic areas. By assigning a numerical score, improvements or declines can be tracked. Section III of this report contains more specific information on the assessment tool.

Building a Database

A new series of databases were developed in late 1999 to assist in tracking the progress of health and safety in the child cares served by this grant project as well as those involved with Partners in Child Care general services. Databases were created to track not only the results of the health and safety assessments but also the consultations and trainings provided to each child care center and home. The databases are individual, yet relational, meaning that the information contained in one is cross-referenced to the other databases. Databases were created in Filemaker Pro 5.0 using Macintosh computers.

In addition to the address, phone number, and license capacity of each child care, other demographic information was recorded. The name of the director was noted so director

changes could be tracked. By identifying the number of new staff in the past 6 months in relation to the total number of staff at the center, it is possible to determine staff turnover.

Also included in the various databases are our recommendations for classes and referrals, materials provided, classes conducted, and the topics addressed at each consultation *(see Appendix III)*.

The Health and Safety Assessment Report Form contains space for a score as well as for notes detailing how that score was obtained and recommendations for improvement. In order for staff to avoid having to write the lengthy reports by hand, the database was constructed to allow PiCC staff to type their information into the database and print out the report for the provider from there. This saved a large amount of time. A safeguard was put in place to prevent PiCC staff from inadvertently deleting database information.

Data can easily be gleaned from this database for use in generating reports or to answer questions about our program services. A new report format is being developed to provide a detailed at-a-glance summary of an individual child care facility and the services they have received. Currently this information must be pulled together from a variety of sources.

Hiring Grant Staff

For the purposes of this grant project, the following staff members were added to the Partners in Child Care team: 1.0 FTE public health nurse, 1.0 FTE environmental health specialist, and 0.6 FTE office assistant. Established PiCC staff worked on the grant throughout and conducted such activities as training staff, developing the Guide to Health and Safety (i.e. "the Guide"), completing reports, and filling in as needed.

The original grant timeline indicated that grant staff would be recruited, hired and trained between October and December of 1999. Our timeline was pushed off schedule for a couple of reasons. There was an administrative delay in the allocation of the grant funds to Snohomish Health District. Also, with Initiative 695 on the November ballot, the Snohomish Health District delayed hiring any outside persons. The passage of I-695 had the potential to be devastating to health department budgets. In November, when I-695 received a passing vote, the health district moved existing employees into these grant-funded positions in lieu of laying-off these individuals. This was done in late December 1999. Work on the grant was delayed until this time.

Once staff members were dedicated to working on this grant, training began and the process was expedited. While this helped put the project back on track, it did cause difficulties with consistency. For both environmental health specialists and public

health nurses, child care facilities present such a myriad of situations thus necessitating an extensive training period. Our intent was to conduct all initial health and safety assessments at the enrolled child cares with experienced Partners in Child Care staff taking a lead role and new staff observing and learning. Then we would turn the grant work over to the newer employees. Due to staffing changes, uncertainty surrounding I-695, and other Partners in Child Care responsibilities, this thorough training did not occur. However, the staff assigned to complete the grant work were extremely competent, knowledgeable individuals who quickly and successfully learned both the information and protocol.

When this grant proposal was written, the Partners in Child Care program consisted of 1.0 FTE environmental health specialist, 1.0 FTE public health nurse, 1.0 FTE health education delivery specialist and a part-time office assistant. Through additional state grant money and approval of new positions by our very supportive local Board of Health, the current Partners in Child Care program employs 2.0 FTE environmental health specialists, 2.0 FTE public health nurses, 0.6 FTE nutritionist, 1.0 FTE health educator, 1.0 FTE program manager, and 1.0 FTE dedicated clerical support plus additional office support as needed. With the addition of so many new staff members and a restructuring of our program during the time this grant work was carried out, training was not to the anticipated level. However, because grant staff were competent, the work supporting this grant project was carried out proficiently and effectively.

Recruiting Child Care Providers

Partners in Child Care's original plan was to enroll all of the child care facilities into the grant by the end of December 1999. However, until it was known when staff would be dedicated to this project, recruitment of child cares was put off. The enrollment began in late December and continued for several months. All child cares were given detailed information on the grant project, some over the phone and others during a brief visit with the center director or home provider.

Our grant proposal stated that we would enroll 15 child care centers caring for infants, 15 centers without infants, and 15 child care homes. The initial group of centers selected to receive an invitation to join the grant was chosen randomly by our health statistics department. Due to the extensive number of family child care homes in our county we opted to ask our local Office of Child Care Policy office for referrals, specifically homes that they believed would benefit from monthly interaction with health consultants.

As we begun our enrollment calls, we learned that it was very easy to recruit centers caring for infants. This may be because they are accustomed to having monthly visits from their infant nurse consultant. Centers without infants were often much smaller centers and less eager to participate. The most difficult task was convincing family home providers to take advantage of the monthly services this grant would provide.

There are several possible explanations for the difficulties we experienced in enrolling child care facilities:

- New staff making recruitment calls: Established Partners in Child Care staff are very familiar with the wide variety of services and resources that are available to child cares involved with the program. As the Partners in Child Care program has always been voluntary, seasoned PiCC staff have a great deal of experience in marketing the services. Due to time constraints and demands placed on existing PiCC staff, the new grant-staff were responsible for making the recruitment calls. This is a deviation from the original plan and may have made the enrollment of child care facilities more difficult.

- Provider hesitation: Child cares who have worked with PiCC in the past realize and welcome the benefits that can be derived from consultative services. Those who had not worked with PiCC may have been hesitant to allow a government agency, such as the health district, into their facility. There is a stigma surrounding government agencies, and the role of environmental health specialists at local health jurisdictions is typically one of an inspector as opposed to a consultant.

- Home providers referred by OCCP: Many of the home providers initially recruited into the grant project were referred by Office of Child Care licensors. Licensing often had serious concerns about these providers and strongly encouraged their participation in this grant. This may have made these providers resistant to our services from the start.

The grant project ended up involving 35 child care facilities in all. Nine of these were family child care homes. Fifteen were centers caring for infants and 11 were centers without infants. By the end of April 2000, we had recruited and completed initial health and safety assessments for 23 providers. To increase the number of participants, we began a second phase of recruitment, which involved cold-calling additional centers and discussing the benefits of PiCC involvement with all home providers with whom we had contact. Through this effort we were able to enroll and complete health and safety assessments for an additional 12 providers, bringing our total up to 35.

Conducting Assessments and Consultations

Following enrollment, a Health and Safety Assessment was conducted at each child care. The initial Health and Safety Assessments are performed to gather baseline data on the condition and practices at the facility.

In order to conduct a complete health and safety assessment at each facility, PiCC staff members use a variety of professional tools and equipment. Environmental Health Specialists used the following equipment during field visits: tape measure; thermocouple and Raytek® ray gun for measuring food, water and ambient air temperatures; flashlight; chlorine and quaternary ammonium compound test strips to determine sanitizer concentration; Thermolabels® to monitor dishwasher heat sanitizing cycles; lead test kits; playground inspection kit including entrapment and protrusion probes; water bottles and chlorine test kit as needed for collecting well water samples; moisture meter for determining moisture content of walls and flooring (for basement sites subject to mold growth); noise meter; light meter; and air quality monitoring device measuring CO, CO_2, relative humidity, and temperature. Section III contains more detailed information on the Assessment process.

Once the assessment was completed and the report written, the next step was to meet with the provider or director and discuss our findings and recommendations. Based on this, a mutually agreeable plan was developed as to how the monthly consultative visits could best serve the needs of the facility.

Once a month an environmental health specialist and/or public health nurse would visit the child care and provide information and assistance in one or more areas. Materials and handouts were provided as needed. Each visit was documented. This documentation included the topics discussed, recommendations given, and materials provided.

For child cares joining the grant project in the first round of recruitment, a mid-grant health and safety assessment was conducted to check progress and provide additional feedback to the director or home provider. If a child care started their participation in the second half of the project, only the initial and end-of-project health and safety assessments were conducted.

Materials Provided

In addition to providing handouts and written resources as needed on PiCC health and safety consultation topics, we distributed many materials and pieces of safety equipment to child care providers involved in this grant. When needed, such supplies were given to help providers create a safer environment for the children in their care. These items included:

- Bicycle helmets (toddler and preschool size)
- *Brain Games for Babies* book
- Child safety devices including cabinet locks and latches, outlet covers, appliance latches, oven locks, blind cord winders, corner covers, etc.

- Diaper Genies® for reducing odors, the use of chemical air fresheners, and child access to waste
- L-brackets for securing shelves to the wall
- *Lice Aren't Nice* booklets
- *Lice Out*® Kits including gel and comb
- *"Mama Make Me Safe"* wall posters
- *Seismic Earthquake Preparedness for Child Care Providers* video
- Stem-type thermometers for monitoring cooking and water temperatures
- Stepping stools to help children reach handsinks
- Velcro® (industrial strength) for earthquake preparedness
- Walk-off door mats to help improve indoor air quality
- Ziploc® bags for creating child emergency comfort kits

SECTION III
Assessment Tool

History

Partners in Child Care (PiCC) has been conducting "Health and Safety Assessments" of child care centers for many years. A Health and Safety Assessment is an in-depth review of the child care facility, health records, policies and practices of the staff and the director. Following the assessment, the director receives feedback on the areas that staff excel as well as those areas where additional training may be beneficial. These voluntary reviews are conducted by a team consisting of an environmental health specialist and a public health nurse.

Until receiving funds from this grant to develop a standardized tool, our process involved making general observations and writing notes on blank paper. A letter outlining our observations was then sent to the child care.

Development

In an effort to look at all child cares equally and collect standardized data, we developed an assessment tool titled the "Partners in Child Care Guide to Health and Safety," or "The Guide" for short *(see Appendix III)*. The Guide was compiled using reputable resources and our own experiences with past Health and Safety Assessments. It helps PiCC staff to look consistently at all areas of a center and gives the child care director and staff a written description of the items we will evaluate. It provides a "measuring stick" which PiCC can use to rate a child care's health and safety practices and track improvements. A typical assessment takes between 2 and 3.5 hours to complete.

Once a draft of the Guide was completed, a copy was sent for comments to many child care centers in Snohomish County. It was also given to other child care health consultants and representatives from the Office of Child Care policy and the Washington State Department of Health. The input received was incorporated into the final version of the Guide.

All child care directors and staff in Snohomish County were also invited to attend a public forum held at Snohomish Health District. Partners in Child Care staff conducted an informal presentation about our Health and Safety Assessment project ideas, gathered feedback about the Guide to Health and Safety, and discussed ways in which our services, including training, can best work for the child care community. Nine individuals attended the forum and provided valuable feedback. Their input was then

used to develop the final version of our Guide. Many other providers expressed interest in our program but were unable to attend the forum.

Once the assessment tool was in its final form, Partners in Child Care presented it to our local Board of Health. The Board unanimously endorsed the use of this tool by Snohomish Health District. Once this approval was obtained, a copy of the guide and a cover letter explaining its purpose and instructions for use was mailed to all child care centers in Snohomish County.

How to Use the Guide

The rating scale is designed in a progressive format. In each subcategory, a score ranging from 1 (inadequate) to 7 (excellent) is possible. Some subcategories are "not applicable" to certain facilities so an "N/A" would be assigned. The following describes how to use this scale. In order to progress past a "1" score, none of the improper procedures detailed in the "inadequate" column are done. Then look at the "fair" column; are all these health and safety principles being followed? If so, a score of at least a "3" is achieved. Next look at the "good" column. Are these criteria met? If yes to all of them, then move on to the next column. If staff meet some, but not all, give a score of "4." If none of these criteria are met, then rate as a "3" or "fair." Most minimum licensing requirements will be found in the "fair" or "good" columns. To receive an "excellent," the center would need to exceed the basics and engage in what we consider best practice. Scores would be recorded on the assessment report form *(see Appendix III)* along with specific feedback about what led to the score.

The following are detailed examples using the subcategory of Temperature Control in the Food Service topic area:

1. Assume Child Care X is serving undercooked hamburgers to the children. This center would receive a score of "1," even if some of the "fair" or "good" criteria were met.

2. The director of Child Care Y looks at his/her facility using this scale. First the items in the inadequate column are reviewed and none are found. The director then looks at the "fair" column. The temperature of the food in the refrigerator are checked and found to be 40°F. The rice on the stovetop before lunch is found at 160°F. All refrigerators and freezers have thermometers. The chicken is cooked to 180°F before it is served with the rice. With the "fair" criteria satisfied, a score of at least "3" is received. The director then looks at the "good" column. The hot and cold temperatures were all great. The freezer is at 0°F and the frozen ham for tomorrow's lunch is currently thawing in the refrigerator. The cook, however, is cooling hot leftovers in deep covered bowls, so the last item will need some work. A score of "4" is given along with information on proper cooling techniques to help that center get a "5" rating the next time around.

3. A health consultant visits Child Care Z and uses this assessment guide during the visit. In looking at the temperature control topic area, the consultant is pleased to find that the center has achieved at least a "5." The cook is observed consistently using a stem thermometer to check food temperatures and writing them down in a notebook. The can of tuna fish that will be used tomorrow for snack is already in the refrigerator being pre-chilled. These excellent practices merit a score of "7."

Response from Other Health Jurisdictions

The feedback we have received from other Washington State local health jurisdictions has been very positive. They are excited to have such a concise, comprehensive tool to help evaluate a child care facility. Several health departments have already used the Guide in their child care health consultation programs.

In October 2000, Partners in Child Care staff presented our Health and Safety Assessment program and the Guide to Health and Safety at the Washington State Joint Conference on Health, held in Tacoma, Washington. Also at this conference, Partners in Child Care was presented the Washington State Association of Local Public Health Officials (WSALPHO) Award for Excellence in Public Health. The award is given to an organization for developing innovative and effective programs, representing outstanding contributions to Public Health. The WSALPHO award was granted largely as a result of the development of the Guide to Health and Safety and our Health and Safety Assessment program *(see Appendix IV)*.

Discussion

The Guide to Health and Safety has become an integral part of the Partners in Child Care program at Snohomish Health District. It is comprehensive and covers both environmental health and public health nursing topics of relevance to child care facilities. In our use of the Guide to Health and Safety over the past year, we have learned many lessons:

- Updates needed: As we continue to utilize the assessment tool, we have recognized several changes and additions that need to be made. Some examples include adding an entire topic area on security and moving some items from excellent to good and vice versa. As we learn new health information and receive feedback from providers we will continue to update and strengthen our assessment tool.

- Risk vs. Minimum Licensing Requirements: The Guide is a valuable resource because it presents it in a manner that illustrates minimum standards along

with best practice. However, since the tool uses minimum licensing standards as a baseline, items considered to be a high priority to Partners in Child Care are sometimes not addressed by providers. For example, under emergency preparedness, minimum licensing standards require that each center have a working flashlight on site; the tool suggests that there be no heavy items stored up high and unsecured, which is considered best practice. If the center has a working flashlight, they meet the minimum requirement, but in terms of risk, the latter practice is more likely to reduce injuries. Unfortunately some providers use the report as a checklist to address minimum licensing requirements and therefore never addressed some more high-risk practices.

- Use as a self-assessment: Our initial intent was to have the Guide be used as a self-assessment by center directors and possibly home providers. When this was attempted, we found the scores to be significantly inflated. This may be a result of a lack of knowledge in the health and safety areas, a misunderstanding of the intent, of the tool or simply denial on the part of the child care director or provider. While we still believe the tool is a good reference for child care providers, we no longer recommend formal self-assessments.

- Use in family child care homes: The Guide was designed for use in child care centers. While most of the health and safety principles and practices outlined in the Guide apply to both situations, many of the facility and structural recommendations are not pertinent to a family home child care. Additionally, the assessment process is very invasive for most home providers. They often do not have the time to answer all the questions necessary to complete the review and having two additional 'unknown' adults in the home can be very disruptive to the normal routine. Much of the assessment relies on observation of provider-child interactions, which are difficult to assess under such circumstances. We fully intend to create a second version of the Guide for use in family child care homes. It would be much more succinct and user friendly. It may be used as a self-assessment. Until such time as we have this new version, we have experimented with conducting the full Health and Safety Assessment in three parts using our existing tool. By dividing up the topic areas the provider is able to spare enough time to answer our questions. Since we visit several times over the course of a month, children and providers become familiar with Partners in Child Care staff and thus more typical interactions are seen. Thus far, this technique has worked.

- Amount of information: We received feedback from providers stating that the Guide contained so much information that it was overwhelming. We suggest that, instead of attempting to conduct a complete review, directors using the Guide at their center choose to look at only one portion of the Guide at a time.

- Use in staff meetings: One director used the Guide at a staff meeting, having staff evaluate their own classroom practices. She found the tool to be very useful in helping staff critique themselves and make improvements.

- Reliability: One purpose of the Guide was to aid in achieving consistency in our reviews of child care facilities. We have found that another very important aspect of this is developing reliability among our staff in interpretation of items in the Guide. This was very evident during the initial phases of the grant in which several staffing changes occurred. All individuals have a learning curve. All staff must have the same knowledge base in order to observe things in the same way. In essence, reliability training is calibrating our eyes and our minds. In fairness to the providers served, items must be assessed in the same manner to give scores that are meaningful and accurate.

SECTION IV
Results

Overview

The results of this grant project indicate that routine health consultation services to child care facilities can result in an overall increase in health and safety practices and quality of care for children.

Child Cares Involved in the Project

A total of 35 child cares, including 9 homes and 26 centers, were enrolled in this grant project. The family home providers and child care centers enrolled varied widely with regard to demographics. The following table (Table 1) details the number and percent of child cares enrolled and the percent who care for infants. Infants are defined as children under 12 months old.

Table 1: Child Cares Enrolled in Health & Safety Assessment Project

Facility Type	No. Enrolled	% Enrolled	No. Caring for Infants	% of this Facility Type who Care for Infants
Homes	9	25.7%	7	77.7%
Centers	26	74.3%	15	57.7%
TOTAL	35	100.0%	22	62.9%

Centers included:

- large corporate child cares
- church-based child care
- privately-owned child cares, both large and small
- employer-based child care
- "Green" child care, with a focus on a natural, non-toxic environment
- child care for homeless individuals or persons in transitional housing
- high school-based child care for teen mothers

Some home providers were referred to this project by their licensors while others were invited by PiCC staff to participate. Home providers varied in their license capacity from 6 to 12.

Due to the difficulties in the initial recruitment phase of this project, some providers joined much later than others. Some providers, particularly home providers, dropped out of the study very early in the project. Participation ranged from 1 month to 17 months, with the average length of participation being 8.5 months. The number of

months that providers participated in this project is outlined in the following table (Table 2).

Table 2: Length of Child Care Involvement with Grant Project

	No. of Participants	Minimum No. of Months	Maximum No. of Months	Mean No. of Months	Median No. of Months
Homes	9	1	12	6.1	6
Centers	26	2	17	9.3	10
Total	35	1	17	8.5	10

Overall Assessment Scores

Health and Safety Assessment scores for each child care involved in this project were entered into a Microsoft Excel spreadsheet. The initial assessment scores for each project child care were compared to the final assessment scores. The scoring scale ranges from a 1 (inadequate) to a 7 (excellent). Centers and home child cares where only one health and safety assessment was conducted were not included in this analysis. The average change in score for each of the twelve topic areas was calculated as well as an overall change in score. To ensure an accurate comparison, only those subcategories assessed on both the initial and final assessments were included in the calculations.

Of the 35 child cares enrolled, six dropped out of the project before a second assessment was conducted. Of these six, four were homes and two were centers. Therefore, comparison data was available for a total of 29 child care facilities. The following table (Table 3) details the change (signified by Δ) in scores for child care centers, family child care homes, and overall.

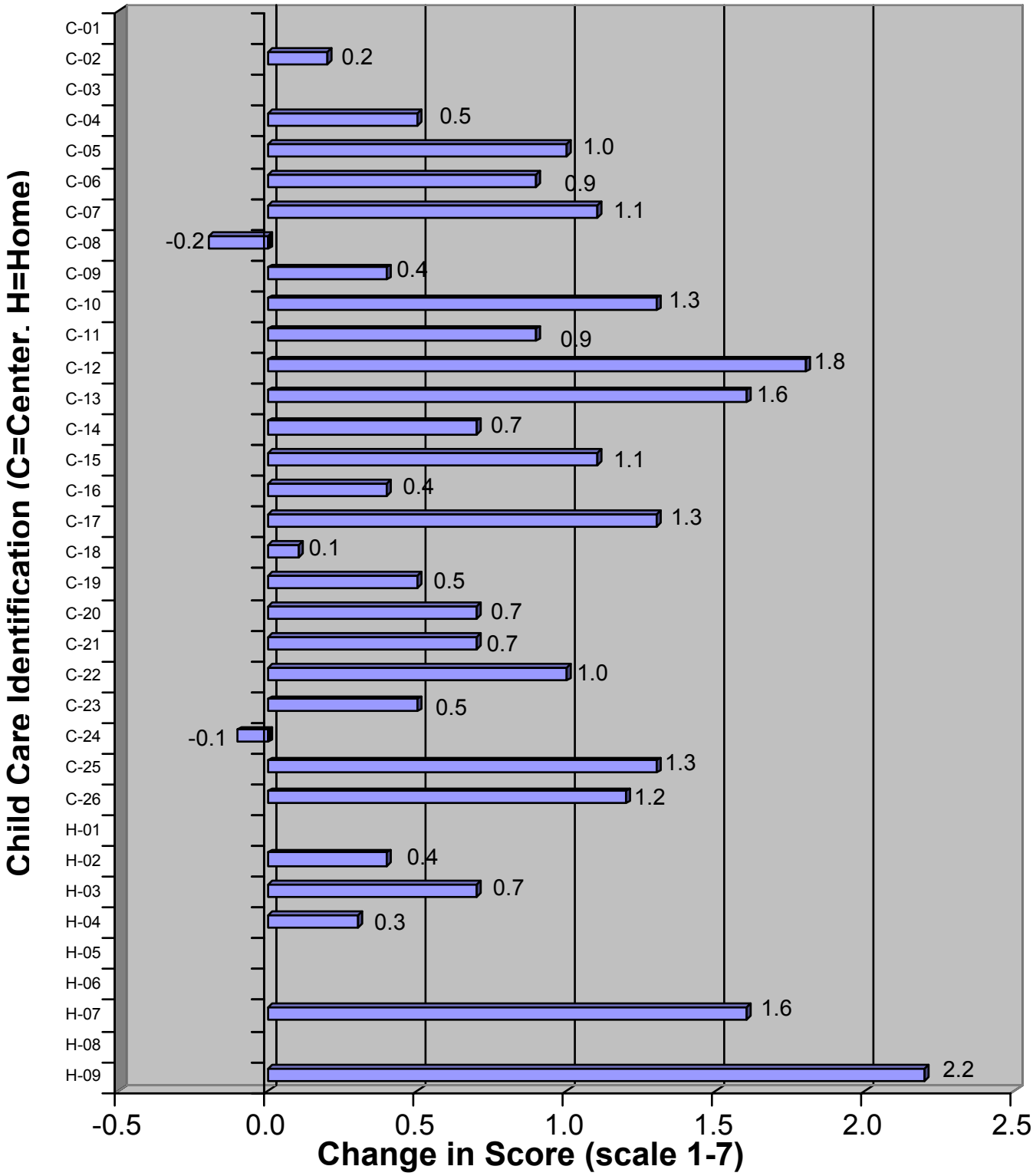
Table 3: Comparison Data of Health and Safety Assessment Scores

	No. of Participants	Minimum Δ in Score	Maximum Δ in Score	Mean Δ in Score	Median Δ in Score
Homes	5	0.3	2.2	1.1	0.7
Centers	24	-0.2	1.8	0.8	0.8
Total	29	-0.2	2.2	0.8	0.7

To maintain the confidentiality of the participating child cares, each home and center was assigned an identification code. Center identifications begin with "C" and homes with an "H." These codes are used in tables, figures, and discussion throughout the remainder of this report.

All but two child care facilities had an overall increase in their assessment score. Assessment scores varied from 1 to 7. The average overall increase was 0.8, with a range of -0.2 to 2.2 *(see Figure 1).* Two home providers had dramatic increases in their scores of 1.6 and 2.2 respectively.

Figure 1: Change in Assessment Score



Note: For C-01, C-03, H-01, H-05, H-06, and H-08 only one assessment was conducted and thus, no comparison values are available

During each health and safety assessment, twelve major areas were evaluated. These included both environmental health and public health nursing topics. The areas assessed by the environmental health specialist include:

- **food service** - temperature control of foods, food/chemical storage, food supply, handwashing for the cook, kitchen cleaning/sanitizing, infant food safety, food worker education
- **sanitation/hygienic practices -** handwashing for providers, handwashing for children, diapering, laundry, general cleaning/sanitizing
- **emergency preparedness -** fire protection, first aid kits, staff training/facility plans, earthquake safety/disaster preparedness
- **playground safety -** fall protection, entrapments/protrusions/ entanglements, equipment/play area maintenance, bicycle safety
- **indoor environment -** general maintenance, animals, toys, infant equipment, poison prevention/chemical storage
- **premises/grounds -** general maintenance, fencing, solid waste, drowning/water hazards
- **building -** construction/location, lighting, ventilation/indoor air quality/heating, electrical safety/burn prevention, noise reduction, insect/rodent proofing, water supply, wastewater disposal, transportation safety

The topics evaluated by the Partners in Child Care pubic health nurse include:

- **medication management -** storage/labeling/administration, documentation
- **behavior management -** peer interaction, staff/child interactions, discipline techniques, transition periods
- **growth & development -** activities/lessons/toys, accessibility of toys/materials, fine/gross motor, cultural awareness, staff/child interactions, toilet training practices
- **nutrition & feeding** - components of meals, eating environment, infant feeding, food allergy, accommodation for special needs
- **health & illness policies -** health records, exclusion guidelines, information available, prevention of head lice, oral health program, staff health, SIDS prevention, infant nurse consultant

When the change in scores was stratified by major topic area, as defined above, the largest change was seen in the area of sanitation (increase of 1.38 points on a scale of 1 to 7), followed by playground safety, indoor safety, and behavior management respectively. The smallest change was seen in the area of growth and development, with an increase overall of only 0.31 points.

In each of the 29 child cares, a change in score was tabulated for each of the 12 topic areas assessed, with very few exceptions. In all, 343 individual topic scores were tallied. Of these, 284 were a positive change in score (83%). The scores that decreased during

the second assessment may have gone down because of child care staffing changes, a change in facility condition, improved PiCC staff knowledge, change in PiCC staff conducting the assessment, or a variety of other causes *(see Table 4).*

Table 4: Change in Scores Stratified by Topic Area and Overall

	Food Service	Sanitation	Emergency Prep.	Playground Safety	Indoor Environmt	Premises/Grounds	Building	Medication Mgmt.	Behavior Mgmt.	Growth/Develop.	Feeding/Nutrition	Health/Illness	Overall	Overall (even weighting)	Months in Study	PHN	EHS
C-01															6	A	M
H-01															5		
H-02	-1.0	1.0	0.7	-2.3	-0.4	-3.5	0.9	1.5	1.0	0.5	1.5	1.8	0.4	0.1	11	AKJ	AAA
C-02	0.0	1.2	0.0	0.0	0.0	1.7	0.5	-0.5	0.0	0.0	0.0	-0.2	0.2	0.2	10	AKJ	AAA
H-03	0.4	2.5	1.7	0.2	0.0	0.4	0.0		2.0	0.0	1.0	2.2	0.7	0.9	7	KJ	AA
H-04	0.7	1.0	0.5	-1.5	-2.0	0.5	0.8		1.2	0.2	0.5	0.9	0.3	0.2	6	KJ	AA
C-03															2	K	M
C-04	1.8	-0.2	-0.2	3.7	0.2	0.8	-0.9	1.0	1.0	-0.1	-1.0	1.5	0.5	0.6	10	KJ	MA
C-05	-0.3	0.0	1.3	1.0	2.4	-0.4	0.7	2.5	1.5	1.3	1.5	2.2	1.0	1.1	16	KA	MA
C-06	0.8	-1.8	1.2	1.7	-0.4	2.0	0.5	-1.5	2.5	-0.8	0.0	2.5	0.9	0.6	17	KAJ	MAA
C-07	0.0	1.5	0.7	0.3	2.5	0.7	1.2	1.5	2.8	1.2	-0.3	0.8	1.1	1.1	9	AKJ	AAA
H-05															3	K	A
H-06															2	A	A
H-07	3.5	3.7	2.2	4.7	3.2	2.0	1.3	0.5	0.5	-0.3	-0.5	0.0	1.6	1.7	8	AK	AA
C-08	0.4	-2.0	-1.0	1.7	0.7	2.7	0.0		-2.0	-1.2	-1.0	-0.4	-0.2	-0.2	13	AK	AA
C-09	1.0	1.3	0.2	1.7	0.5	-1.2	-0.4	1.5	1.7	0.9	0.0	0.0	0.4	0.6	6	KJ	AA
C-10	2.0	2.5	1.0	1.3	2.2	-2.3	2.5	2.0	0.8	0.8	-1.0	1.3	1.3	1.1	10	AKJ	AAA
C-11	0.7	1.4	1.0	3.6	-0.6	0.2	0.5	1.5	2.3	0.3	1.3	0.9	0.9	1.1	5	KJ	AA
C-12	2.7	4.8	3.0	3.0	1.3	0.7	0.2		1.6	1.4	1.0	1.0	1.8	1.7	11	AKJ	AAA
C-13	1.6	3.0	0.4	0.8	1.5	0.3	1.3	1.0	3.2	1.2	1.3	2.3	1.6	1.5	12	AKJ	AAA
C-14	3.0	2.8	0.6	0.5	1.3	0.0	0.4	-1.0	0.0	0.0	-0.7	-0.4	0.7	0.4	10	AJJ	AAA
C-15	1.6	3.8	0.0	2.5	1.3	0.0	0.2	0.5	1.2	1.3	0.7	0.6	1.1	1.1	11	AKJ	AMA
H-08															1	A	A
C-16	-0.2	1.2	0.0	2.7	1.0	3.0	0.4	-0.5	0.3	-1.0	0.0	0.3	0.4	0.6	11	KK	MA
C-17	3.6	3.3	0.7		1.2	0.5	1.4	2.0	-0.2	-0.2	0.5	1.0	1.3	1.2	11	AKJ	AAA
C-18	-2.0	0.2	0.5	1.0	1.4	0.0	-0.2	1.5	-0.2	-1.6	0.7	1.2	0.1	0.2	6	KK	MA
C-19	1.8	-1.3	0.3	0.0	0.8	-0.7	0.2	2.0	2.0	1.2	-1.5	0.5	0.5	0.4	10	KK	MA
H-09	2.9	3.6	3.2	3.7	3.2	1.7	0.7	1.5	0.5	1.0	3.0	2.5	2.2	2.3	12	AKJ	AAA
C-20	-0.4	0.0	0.8	0.7	0.8	-0.5	0.0	1.0	2.2	0.9	3.0	2.3	0.7	0.9	5	KJ	MA
C-21	0.7	0.2	0.0	0.7	1.6	0.0	0.5	2.0	0.5	0.4	0.8	1.6	0.7	0.8	6	KJ	MA
C-22	1.2	0.2	-0.5	0.0	2.5	1.0	0.6	2.5	3.0	0.8	0.6	1.4	1.0	1.1	4	KJ	MA
C-23	0.1	0.4	0.3	1.7	1.5	1.0	0.9	-2.0	0.5	0.0	-0.3	0.8	0.5	0.4	8	AJJ	AAA
C-24	0.5	0.5	-0.3	0.5	0.0	1.0	0.3	-1.5	-1.0	0.2	-1.5	-1.6	-0.1	-0.2	11	AKJ	AAA
C-25	1.4	2.8	1.0	2.5	1.7	2.5	-0.3	1.5	1.5	0.0	1.5	2.2	1.3	1.5	11	KJJ	MAA
C-26	1.8	2.4	1.5	0.8	2.2	1.3	0.7	1.0	0.8	0.5	2.2	0.4	1.2	1.3	12	AJJ	AAA
TOTAL CHANGE	**30.3**	**40.0**	**20.8**	**37.2**	**31.6**	**15.4**	**14.9**	**21.5**	**31.2**	**8.9**	**13.3**	**29.6**	**24.1**	**24.3**			

PHN = Public Health Nurse: K = Karen Froelich, A = Annette Coy, J = Jennifer Havlin
EHS = Environmental Health Specialist: M = Michaela Trusty, A = Aran Enger

Several child cares received only one Health and Safety Assessment, thus a change in score could not be tabulated (H-01, H-05, H-06, H-08, C-01, and C-03). At four child cares, medication management was not assessed both times and thus no change in score was tabulated for that topic area (H-03, H-04, C-08, C-12). One center was in the process of a outdoor play area remodel and so the playground was not assessed during one Health & Safety Assessment (C-17). It should also be noted that while the child care center labeled as C-02 did not show a large improvement in score, the initial scores for this center were exceptionally high. Also shown in Table 4 are the initials of the individuals who conducted each of the assessments.

Each of the 12 topic areas covered by the health and safety assessment has a different number of subcategories to be assessed. Because of this, not all topic areas are weighted equally in the final scores received by the child cares. For example, there are 9 assessment items under the "Building" topic, while there are only 2 items under "Medication Management." However, when the overall change in score was recalculated with each topic area receiving equal weighting, the difference was insignificant. The difference between the two overall scores (equal weighting vs. original calculation) varied from 0.0 to 0.3 points with an average difference of 0.13 points.

Topic Areas Covered during Consultations

Monthly consultations were conducted with each participating child care. The focus of these consultations was decided upon jointly by the home child care provider or center director and the Partners in Child Care health consultants. Occasionally a grant participant would call PiCC staff about an issue and would receive consultative advice over the phone. Telephone consultations usually involved public health nursing topic areas as opposed to those areas addressed by the environmental health specialist *(see page 14)*.

In all, 256 consultations were provided to the 35 grant participants. The number of consultations per child care provided during the course of this project ranged from 1 to 17. The number of consultations provided depended on the availability of the provider, the length of time the provider was enrolled in the project, and the willingness of the provider to initiate a telephone consultation. Of the 256 consultations, 48 (18.8%) were telephone consultations and the remaining 208 (81.2%) consults were on-site at the child care facility.

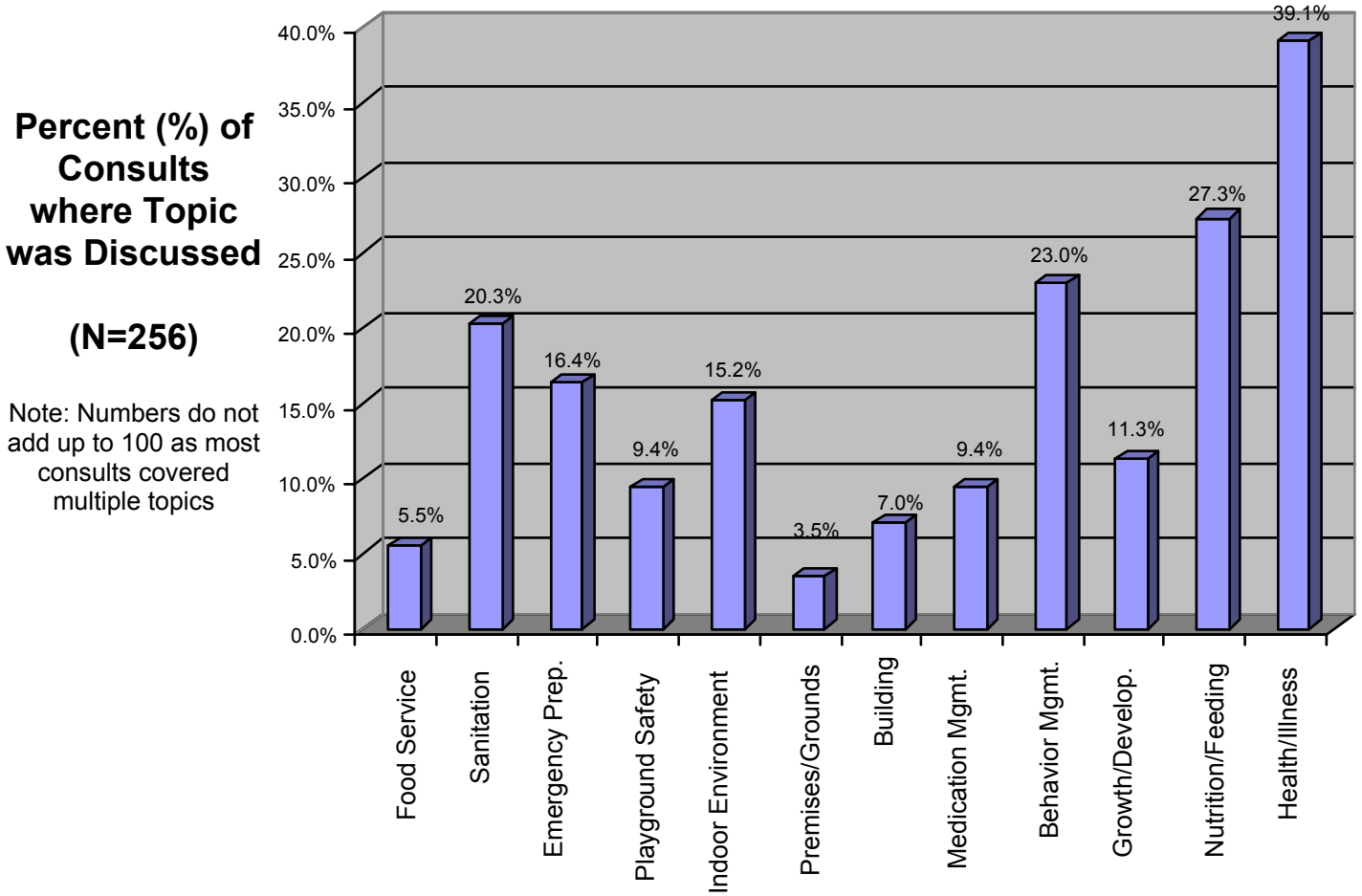
Approximately 5% of scheduled consultations were not conducted due to provider time conflicts, center staffing difficulties, illnesses, or child care providers not remembering the appointment. In addition to these missed consultations, there were many times when PiCC staff arrived at a child care for a meeting only to find the provider unavailable. Additionally, providers contacted PiCC on a regular basis to reschedule

appointments. PiCC works hard to accommodate providers' busy schedules but also found the frequent rescheduling to be a strain on health district staff time.

During most consultations, more than one topic was addressed (average = 1.9 topics per consultation). Some consultations may cover five or more areas. During a monthly consultative visit, PiCC staff may discuss one or more items within each particular topic area. For example, a consultation in the area of "Health & Illness Policies" may have been done regarding oral health, excluding ill children, immunizations, record keeping, staff health, SIDS prevention, or a number of other areas as needed by the child care.

Figure 2 and Table 6 *(located at the end of this section)* and show the number of consultations that included information in each of the 12 major topic areas included in the health and safety assessment. The percentages and on the graph do not add up to 100% because most consultations involved multiple topic areas. The greatest numbers of consultations were conducted in the area of Health & Illness Policies (39.1%).

Figure 2: Consultation Discussion Topics



Consultation Topic

The effects of consultations on the scores in individual topic areas were evaluated for centers where more than one health and safety assessment was conducted (N=29). When PiCC conducted either a consultation or a class on a particular topic area for a child care, the score for that topic area increased an average of 0.9 points on a scale of 1 to 7. When consultation was provided in a specific topic area that topic was discussed an average of 2.2 times. For those areas that we did not address by consultation or class, the score increased by only 0.6 points.

For the 24 child care centers where more than one health and safety assessment was conducted, the consultations and classes provided addressed 64% of the topic areas evaluated during the health and safety assessment. The child cares received only the written notes from the health and safety assessment for the remaining 36% of the major topic areas assessed. They were also provided the opportunity to ask questions about any parts of the health and safety assessment report that was unclear.

Center Director Turnover

In all, 26 child care centers were enrolled in this project. Of these 26 centers, 11 (42%) experienced at least one director change, with one center having 4 director changes during their involvement with Partners in Child Care. Table 5 lists those centers where at least one director change occurred during the course of this grant project. It also details information about those changes.

Table 5: Center Director Turnover

Center ID	No. of Directors During Project	Months in Project	Notes
C-01	2	6	Director left prior to final H&S Assessment
C-02	2	10	
C-03	2	2	Director changed just prior to center dropping from project
C-05	3	16	A total of 4 director changes occurred with 3 individuals involved (i.e. one former director returned); extensive staff changes also occurred
C-06	2	17	
C-08	3	13	Period of time with no director; dropped from study just prior to final H&S Assessment
C-09	2	6	
C-10	2	10	Ownership change at center
C-12	2	11	

C-26	2	12	Temporary director change due to maternity leave

Home Provider Turnover

Nine family child care homes participated in this project. None of the providers left the profession during their involvement. However, this is not a representative sample of the child care community at large.

Table 6: Number of Consultations Per Topic Area

	Food Service	Sanitation	Emergency Prep.	Playground Safety	Indoor Environmt	Premises/Grounds	Building	Medication Mgmt.	Behavior Mgmt.	Growth/Develop.	Feeding/Nutrition	Health/Illness	Total (incl telephone)	Telephone Consults	No show/No topic
C-01	1	2	2	2	2	2	2	3	3		3	3	4		
H-01		2	1				1	1	1		2	3	6	1	1
H-02		2	3	1	1			1	2	2	3	4	8	1	
C-02		2			1				1		2	1	4		
H-03			1	1				1		1	2	3	5	2	
H-04		1						1	2	4	1	4	8	3	1
C-03		1			1			1					1		
C-04	2		1	2	1		1	3	1		2	3	6	1	
C-05	2	2	1		1				5		1	1	11	3	2
C-06		2	2		2	1			2	1	1	7	9	2	
C-07		1	2		2			1	2		2	2	8		1
H-05					1		1		2	1			4		
H-06								1	1	1	1	1	3		2
H-07		2	1		2		1	1			1	1	5		
C-08	1	3		1	1			1	2		1	6	11	2	
C-09	1	1						1	1		1	3	6	2	1
C-10	1	2	2		2					1	3	4	12	3	
C-11		1			1				3		3	4	8	3	
C-12	1	3	3	1							4	4	9	2	
C-13		2	1					2	5	1	4	8	14	2	
C-14	1	1	1		1				2			1	6		1
C-15	1	4	6	2	4		3	2	3	1	4	2	12		
H-08									1				1		
C-16	1	1	3	1	5		4	1	3		4	3	11	3	
C-17		1	1	1	1	2			3	1	2	3	8	2	
C-18					1			1		1	1	2	4		1
C-19		2	2	1	3		1		2	1	3	6	12	4	
H-09		2	2	2	1			2	3	3	1	2	10	1	1
C-20	1	2	1	1			1				3	2	5	1	
C-21			2	1	1				1	1	1	2	5		
C-22		1	1			1	1	1	1	1	1		4	1	
C-23	1	2	1		1				1	1	3	3	6	1	
C-24		2		3		1	1		1	1		1	5	1	
C-25		2	1	2	1			1	5	6	6	8	17	7	
C-26		3	1	2	2	2	1	1			4	3	8		
TOTAL	**14**	**52**	**42**	**24**	**39**	**9**	**18**	**24**	**59**	**29**	**70**	**100**	**256**	**48**	**11**
%	**5.5%**	**20.3%**	**16.4%**	**9.4%**	**15.2%**	**3.5%**	**7.0%**	**9.4%**	**23.0%**	**11.3%**	**27.3%**	**39.1%**	**100%**	**18.8%**	**4.3%**
RANK	**11**	**4**	**5**	**8**	**6**	**12**	**10**	**8**	**3**	**7**	**2**	**1**			

SECTION V
Classes

Number of Classes and Individuals Trained

During the course of this project, which ran from October 1999 through March 2001, a total of 184 classes were conducted by PiCC staff members (both centralized and off-site classes). In attendance at these trainings were 3017 individuals, predominantly child care providers. Of the 184 classes, 58 (32%) were conducted at Snohomish Health District or at another centralized location arranged by Partners in Child Care. Of the 3017 individuals trained, 1173 (39%) attended this centralized training. As our tracking system records the number of individuals attending a particular training, those individuals attending more than one training are counted multiple times.

Of the remaining 126 classes conducted off-site, 32 were conducted at child care centers participating in this grant project. This accounts for 25% of the off-site classes and 17% of the total number of classes conducted by PiCC. The additional off-site trainings entered into our training database include PiCC program marketing presentations, conference presentations, and trainings provided for non-grant child care centers and organizations, such as local family child care association chapter meetings.

Of the 32 trainings provided on location for grant child cares, the largest percentage were conducted in the area of behavior management. This was followed first by health and illness and then food service. This information can be seen in Figure 3 and the table at the end of this section (Table 7).

Table 7: Number of Classes per Topic Area (of those classes conducted at grant child care facilities)

	Food Service	Sanitation	Emergency Prep.	Playground Safety	Indoor Environmt	Premises/Grounds	Building	Medication Mgmt.	Behavior Mgmt.	Growth/Develop.	Feeding/Nutrition	Health/Illness	Total
C-01													0
H-01													N/A
H-02													N/A
C-02		1							3			1	5
H-03													N/A
H-04													N/A
C-03													0
C-04													0
C-05													0
C-06	1								1				2
C-07													0
H-05													N/A

H-06													N/A
H-07													N/A
C-08												1	1
C-09													0
C-10			1						1				2
C-11	1	1									1	1	4
C-12	1		1										2
C-13												1	1
C-14			1										1
C-15	1	1									1	1	4
H-08													N/A
C-16	1								1				2
C-17												1	1
C-18													0
C-19												1	1
H-09													N/A
C-20									1	1			2
C-21									1				1
C-22									1				1
C-23										1			1
C-24												1	1
C-25													0
C-26													0
TOTAL	**5**	**3**	**3**	**0**	**0**	**0**	**0**	**0**	**9**	**2**	**2**	**8**	**32**
%	**15.6%**	**9.4%**	**9.4%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**28.1%**	**6.3%**	**6.3%**	**25.0%**	**100%**
RANK	**3**	**4**	**4**	**7**	**7**	**7**	**7**	**7**	**1**	**6**	**6**	**2**	

N/A = Not Applicable, classes are not held at family child care homes

Types of Classes Conducted

Partners in Child Care offers 30 different classes to child care providers. Several classes are taught each month at the Snohomish Health District building in Everett, or at a centralized location in Lynnwood. In addition, PiCC staff conducts off-site classes, usually held at child care centers, at the request of the center director. One free off-site class is offered for each health and safety assessment conducted at a child care.

The following classes are offered by the Partners in Child Care program:

- **food service** - Cooking with Care, What's Cookin?
- **sanitation/hygienic practices -** Germbusters
- **emergency preparedness -** Get Ready, Get Set, Get Prepared; HIV/AIDS Awareness
- **playground safety -** Play It Safe: Outdoors and On-the-Go
- **indoor environment -** Indoor Environments: Making It Safe
- **premises/grounds -** (none offered at this time)
- **building -** Little Lungs Breathing, Healthy Environments: What's Your Plan?
- **medication management -** Children with Special Needs/Asthma Management
- **behavior management -** ADD/ADHD Attention Deficit Hyperactivity Disorder, Managing Behavior - Discipline, Managing Behavior - Temperament, Managing Behavior - Problem Solving
- **growth & development -** Maximizing Washington's Brain Power, How I Grow: Birth to Six
- **nutrition & feeding** - Nutrition...It's in the Bag, What's Cookin?, The Feeding Connection, ABC's of Menu Planning, Eating Environments
- **health & illness policies -** Stress Management for Caregivers, What's New and What's Not About Immunizations, Assessing Ill Children, Communicable Diseases, Communicating Concerns with Parents, F.A.S. and Alcohol Related Defects, Lice Aren't Nice, Recognizing Abuse and Neglect, Healthy Environments: What's Your Plan?

Throughout this grant project, PiCC health educators spent time modifying and updating class presentations. Some of the classes they have improved include: Germbusters; Get Ready, Get Set, Get Prepared; Stress Management; Maximizing Washington's Brain Power; Cooking with Care; Behavior Management; and Assessing Ill Children. Whenever a class is conducted, the health educators allow enough preparation time to include updated information, prepare an activity, and tailor the class to the needs of the audience.

Another significant improvement that was made to our trainings is the addition of a laptop computer to use with the Snohomish Health District's portable LCD projector. All presentations have been created using the Microsoft PowerPoint program and can now be projected on-screen wherever the class is held. This has allowed us to enhance

our presentations with digital pictures, which helps providers relate to the safety information relayed in the class. The use of PowerPoint has made our presentations much more appealing for visual learners.

Recommended Trainings

The written Health and Safety Assessment reports identify several PiCC classes as being beneficial for the child care staff to attend. Each center director is encouraged to choose one of the recommended classes to be held at their child care free of charge. It is the director's responsibility to call and schedule this free training. Unfortunately, some directors did not take advantage of this opportunity.

Center directors and family home providers are also informed about classes offered free of charge by PiCC at centralized locations in Everett and Lynnwood, especially if any of the recommended classes are up-coming. Many family home providers and staff at participating child care centers took advantage of these centralized trainings.

Effects of STARS Training

In January of 1999, a new law went into effect requiring all family child care providers, child care center directors, program supervisors, site coordinators, and lead teachers to obtain 20 hours of essential child care training within the first six months of being hired or licensed. 10 additional hours of continuing education training is required each year thereafter. This educational program, called the Washington State Training and Registry System (STARS), may have affected the baseline Health and Safety Assessment results for this project. It is widely believed that the quality of child care will proportionately increase with the educational level of the child care providers. Even though child care providers were required to have this STARS training during the course of this grant requirement, most providers had already completed their initial 20 hour training requirement prior to the initial assessment being conducted. This most likely minimized the effect of STARS on the project outcome.

Partners in Child Care is an approved training organization under the Washington STARS program. Therefore, providers can receive STARS credit towards their 10 hour continuing education requirement for all classes provided by PiCC, including those conducted as a part of this grant project.

SECTION VI
Surveys

Overview

During the course of this grant project, surveys were conducted of both parents and child care providers. These surveys asked individuals to rank the child care's policies and practices in a few health and safety areas, inquired about interest in training topics, and attempted to determine ways to help individuals take advantage of offered training. The survey was conducted during the initial phase of this grant and upon completion of the grant project.

The survey was designed to be concise and efficient. In respect of participants' busy work schedules, the initial survey consisted of only three brief questions. Results from the survey indicate that most providers and parents believe that their child care provides a safe and healthy environment. Furthermore, any additional training on health and safety for parents and providers would best be met in the evening hours with child care and meal service provided. The most interest was shown in training on behavior management, injury prevention, and excluding ill children.

Survey Method

A half-page survey form was created at the inception of the grant project *(see Appendix V)*. Participants were asked the following three questions:

- How would you rate this child care's policies related to: (followed by a list of six health and safety areas and a rating scale from 1 to 7)
- How important are these issues in the care of your child?
- If this child care invited parents to attend training, which topics would interest you most? (followed by a list of nine topic areas)

There was also space available for comments. Parents and providers were surveyed separately, but were asked the same questions. Different colored paper was used to distinguish parent and provider forms. The responses received at the inception of the grant could be compared to those obtained at the conclusion of the project. It would also be possible to compare the perspectives of the parents and child care providers with one another.

Initially we attempted to collect survey responses by simply having forms and an envelope available by the child care sign-in area. The response rate was extremely low. As a result, we changed our approach. Each center and home provider was given a

supply of survey forms. PiCC asked the providers to solicit their staff and parents to participate in the survey. PiCC representatives then retrieved the completed surveys. In some cases, PiCC staff spent one hour at the child care personally asking parents and staff to complete the forms. This procedure was repeated at the end of the grant. The surveys were labeled in order to distinguish the final surveys from the initial surveys.

The final survey differed slightly from the initial survey in that the second question was left off the survey. Instead the following question was asked: "In order for you to attend training, what do you need provided?" An open-ended fourth question was added as well: "Have you noticed any improvements in the last year? If yes, please explain."

Results

Parents and providers from each of the 35 child cares enrolled in this grant project participated in this survey. The initial survey period was extended from 30 days to 3 months. This was done because our initial response rate was extremely low. By extending our initial survey period and utilizing an alternate method of distributing the surveys, the number of participants increased from 25 parents to 124, and 12 providers to 88. This is an increase of approximately 83%. The final survey was conducted over a 30-day period with 96 parents and 75 providers participating. Since we asked a random sample of parents at each of the child cares, it is unlikely that the same group of parents participated in the initial and final surveys.

The first survey question asked parents and providers how they would rate their child care's policies. There were six policies in question and the scale was numbered one through seven, with one being inadequate and a seven being excellent. Table 8 gives the results. There were some questions that were not answered, and these are noted as no comment (N/C).

Table 8: Survey Results – Rating of Child Care's Policies

How would you rate this child care's policies related to:	N/C	1	2	3	4	5	6	7
Immunization								
Initial Survey – Parents *	10%			2%	2%	14%	25%	48%
Final Survey – Parents **	10%					9%	18%	63%
Initial Survey – Providers +	13%			1%		10%	22%	55%
Final Survey – Providers ++	11%			1%		15%	16%	57%
Excluding Ill Children								
Initial Survey – Parents	10%			6%	8%	23%	24%	28%
Final Survey – Parents	9%			5%	6%	18%	15%	47%
Initial Survey – Providers	5%		1%	3%	2%	13%	33%	43%

Final Survey – Providers	15%		5%	1%	8%	11%	15%	45%
Injury Prevention								
Initial Survey – Parents	11%		2%	4%	4%	20%	28%	31%
Final Survey – Parents	9%		1%		3%	14%	18%	56%
Initial Survey – Providers	11%				5%	15%	24%	44%
Final Survey – Providers	15%					17%	27%	41%

(Table 8 continued on next page)

Table 8: Survey Results – Rating of Child Care's Policies (Continued)

How would you rate this child care's policies related to:	N/C	1	2	3	4	5	6	7
Medication Management								
Initial Survey – Parents	23%		1%	1%	3%	13%	27%	33%
Final Survey – Parents	14%					11%	17%	58%
Initial Survey – Providers	11%				1%	8%	23%	57%
Final Survey – Providers	11%				4%	8%	20%	57%
Safe Food Preparation								
Initial Survey – Parents	19%			1%	2%	14%	23%	42%
Final Survey – Parents	13%			3%	1%	7%	14%	63%
Initial Survey – Providers				2%	1%	11%	25%	60%
Final Survey – Providers	16%			1%	4%	8%	25%	47%
Handwashing								
Initial Survey – Parents	14%	1%	1%	1%	2%	19%	23%	40%
Final Survey – Parents	7%				1%	9%	14%	69%
Initial Survey – Providers	6%			3%	5%	10%	26%	50%
Final Survey – Providers	15%			1%	4%	8%	25%	47%

* Initial Survey – Parents (N=124)
** Final Survey – Parents (N=96)
\+ Initial Survey – Providers (N=88)
++ Final Survey – Providers (N=75)

In completing question one, a number of respondents left one or more of the categories blank. Several verbally stated that they were unfamiliar with the child care's policy in that area. For each category, an average of 12% of respondents did not provide a rank.

When the initial parent responses are compared to the final responses for each category above, an upward trend can be seen. For example, on the initial survey 48% of the parents ranked their child care as excellent on immunizations. This number increased to 63% on the final survey.

The second question of the initial survey asked parents and providers how important these issues are overall in the care of their child. Table 9 lists the responses. Overall, 52% of parents and 72% of providers ranked these issues as "extremely" important.

Table 9: Survey Results – Importance of Issues

How important are these issues in the care of your child?	N/C	Not	Somewhat	Very	Extremely
Initial Survey – Parents	17%		4%	27%	52%
Initial Survey – Providers	13%		1%	14%	72%

The survey also asked parents and providers if invited to attend training, which topics would interest them most. This information is shown in Table 10. Both participant groups showed the greatest interest in training specific to behavior management and injury prevention. However, behavior management, lice prevention, and earthquake preparedness were unintentionally left out of the final survey. The final survey identified injury prevention as the most popular topic of interest with safe food handling and excluding ill children a close second.

Table 10: Survey Results – Training Topics of Interest

If this child care invited parents to attend training, which topics would interst you most?	Initial Survey Parents	Final Survey Parents	Initial Survey Providers	Final Survey Providers
Immunization	3%	11%	2%	11%
Injury Prevention	16%	22%	13%	29%
Safe Food Handling	9%	21%	9%	13%
Excluding Ill Children	6%	19%	13%	21%
Medication Management	5%	13%	7%	13%
Handwashing	5%	14%	8%	13%
Behavior Management	36%	N/A	26%	N/A
Lice Prevention	8%	N/A	11%	N/A
Earthquake Preparedness	12%	N/A	11%	N/A

N/A = training topic was not included on final survey form

The third question of the final survey asked the participants what additional services would be necessary for them to attend training. Although the question was open-ended, the responses were easy to group. The most requested services by providers and parents are listed in Table 11. The most common obstacle identified was the need for child care. It should be noted that 45% of the participants did not answer this question.

Table 11: Survey Results – Incentives to Attend Training

In order to attend training, what do	Parents	Providers

you need provided?		
Child care	28%	39%
Dinner or Meal Service	21%	8%
Pay	4%	--
Transportation	1%	--
Advance Notice	--	6%
Evening Class	--	2%
No Comment	46%	45%

The last question of the final survey asked the participants to identify any changes within the child care that they have noticed during the last year. Although comments varied, the most frequent perception reported was an overall improvement in child care. Approximately 60% of the surveys returned reported positive changes. Parent responses are listed in Table 12, and provider comments can be found in Table 13.

Table 12: Survey Results – Improvements Noted in Last Year - Parents

Most Common Observations Noted	Percent of Respondents (N=96)
Better Child Care	16%
Improved Facility	14%
Better Trained Staff	11%
Improved Behavior	8%
Exclusion Policy	7%
More Variety on Menu	4%
No Comment	40%

Table 13: Survey Results – Improvements Noted in Last Year - Providers

Most Common Observations Noted	Percent of Respondents (N=75)
Positive Changes	20%
Better Organization	7%
Improved Hand washing	7%
No Change	4%
More Staff	3%
No Comment	41%

Discussion

The intent of this survey was to obtain feedback from both parents and providers on their opinions of their child care's health and safety practices, the value they place on health and safety, and their interest in training topics. As expected, the survey results show that most parents and providers believe that their child care provides a safe and healthy environment. Parents are often only minimally involved with their child care and frequently have little knowledge of the health and safety practices Many parents are under the impression that simply because a child care facility is licensed, all of the

health and safety requirements and policies are being met. This is not always the case. The quality of child care is dependent on the skills, knowledge, and dedication of the child care director and staff or home child care provider. Monthly health consultation can assist child care providers improve skills and increase knowledge in health and safety areas. A health consultant's job is to stay up-to-date and to continually share this information with child cares. Responses to the question about the importance of health and safety issues show that both providers and parents place a high priority in this area.

The results also suggest that parents believed there to be an improvement in health and safety practices and policies from the initial survey to the final survey. It is unclear whether the outcome from question number 1 is the result of surveying a different group of parents, an increased awareness of health and safety due to health department presence in the child care, or other factors.

The survey results indicate several health and safety topics that may be of interest to parents and providers; however, past PiCC experience has shown that parents rarely attend such trainings when offered. Almost half of the parents and providers completing the survey did not respond to the question dealing with incentives necessary for them to attend training.
The most important lesson learned from the survey portion of this grant is that proper wording of the questions and the survey technique are critical to obtaining useful data from parents and staff. A survey's design must ensure that the information collected is reliable and pertinent to the questions being asked. The way a survey is administered can also affect the responses received. Some design issues and administration methods may have been skewed some of our results. Some of factors that should be considered in the analysis of this data and in designing future surveys include:

- In order to leave their child at a child care, most parents need to believe that their child is receiving quality care. Parents may become defensive about their particular choice of child care. For this reason, it may be beneficial to ask general, rather than specific, questions. For example, the survey asked the participants how would they rate their child care. It may have been better to ask them to rate the state of child care in general. This latter question takes away the personal defense mechanism.

- A voluntary survey gives the parents and providers the option of whether or not to participate. Often, the individuals who choose to participate are those who are the most knowledgeable about their child care or the subjects of concern. To obtain a true cross-section of the population, a higher participation rate would need to be ensured.

- The child care director, home provider, or PiCC staff member was often in the immediate vicinity while parents and staff were completing the survey forms. This may have affected the participants' responses to the survey questions.

- The design of the survey form itself could have affected results. It would have been beneficial to pilot the survey by using a sample population. This would have identified several errors. The first was the type of font used and the size of font. For example, the survey asked the participants to rate their child care in the area of excluding ill children. However, when the survey was printed using a sans serif font, the word ill looked like the roman numeral 3 (lll), which confused the participants. Also, the rating scale (inadequate, fair, good, excellent) across the top of the initial survey was not properly aligned with the numbers making it appear that a rating of "6" equated to "good."

- Due to a typographical error, nine choices for training topics were offered on the initial survey, while only six were placed on the final survey. The most popular choice from the initial survey, "behavior management," was unintentionally not included on the final survey. This surely affected our final results for this survey question.

- Because most participants were surveyed during the late afternoon pick-up time, open-ended questions were either answered briefly or not answered at all. This limited the amount of information gained from these questions.

SECTION VII
Community Collaboration Projects

Overview

In August 1998, a concerned group of representatives from agencies and organizations serving children with special needs began to meet. The group's purpose was identified as addressing the frequent calls for help from child care providers and families around caring for children with challenging behaviors and mental health concerns. It was agreed that Snohomish County needed a unified, consistent approach to helping child care providers accommodate children with special needs and to assist parents and caregivers in finding a willing, trained provider. The work of this group became known as the Special Needs Child Care Project. The project had two major goals. One was to create a position at Volunteers of America Western Washington, Child Care Resource and Referral titled Special Needs Triage Consultant (SNTC). The other goal was to create a behavior resource manual for child care providers.

There was a major emphasis on community collaboration on the Office of Child Care Policy (OCCP) Quality Improvement grant Request for Proposals (RFP). In response to this, PiCC formulated a plan to involve our community partners in this grant project. PiCC would facilitate requests and coordinate services of the various agencies providing care to children with special needs. When first awarded the grant, the PiCC Health and Safety Assessment portion of the project was funded in full; none of the collaboration portion was funded. A vital community partner went to OCCP advocating for funding of the collaborative portion of the original grant proposal. In response, an additional amount was added to the final grant budget. In order to use the limited amount of money for collaboration in the best possible way, a meeting was held between the local agencies involved and the objectives for collaboration were revised. The focus of the collaboration projects would be on the SNTC, a behavior manual, a resource lending library, and a train-the-trainer workshop.

Special Needs Triage Consultant

The Special Needs Triage Consultant position was originally funded by three separate agencies. Financing has been a continual challenge. The grant provided partial funding, equal to approximately 4 months salary and benefits for the SNTC position from April 2000 to June 2001.

In the process of performing Health and Safety Assessments, the public health nurse routinely inquires about any children with current behavior concerns or other special needs. If the child care has not utilized the services of the SNTC, contact information is

given. Also, referrals to SNTC are given if children with concerning behaviors are identified by the public health nurse during the Health and Safety Assessment.

The child care community demand for these services is overwhelming. The current level of service available for child care providers and parents in Snohomish County has begun to meet the demand for this training and support. Once the SNTC intervenes on behalf of a child, referrals are made and a behavior plan is written. Following the recommendations on the behavior plan then becomes the domain of the family and child care provider. Due to the limited availability of the SNTC, no follow-up was provided, with the exception of a telephone survey done to evaluate the Special Needs Child Care project.

Development of Behavior Manual

As a goal of the Special Needs Child Care Project, it was agreed that members of the committee would compile information and write sections of the behavior manual while looking for resources to print the manual. The grant funding included coordinator time and secretarial support to put the sections into a common format. Dollars were also allocated for printing 150 manuals. Maintaining momentum of the various agencies to complete the sections of the behavior manual has been a significant challenge.

The SNTC individual had a large portion of the manual assigned to her. The priority of meeting the immediate needs of children, families and child care providers superceded completion of the manual. Much information had been gathered, but not compiled and written. In Winter 2001, the SNTC accepted another professional opportunity. On her final day, the remaining sections of the manual were distributed to other members for completion. The development of the manual is still in progress.

Special Needs Lending Library

One of the members of the Special Needs Child Care Project, Little Red School House, provides intervention services for children birth-to-three. They maintain a lending library of resources for families, child care providers, and other professionals who work with children with special needs, including Snohomish Health District. Resources were allocated to allow the purchase of the following materials specific to caring for children with special needs in the child care setting:

- *Child Care and Children with Special Needs* (video)
- *One child, Two Languages* (book)
- *Infants and Toddlers in Out-of-home Care* (book)
- *The Child Care Provider* (book)
- *Inclusive Child Care for Infants and Toddlers* (book)
- *Project CRAFT, Culturally Responsive and Family-focused Training* (video)

- *Child Care Plus Curriculum on Inclusion* (book)
- *Creative Resources for the Anti-bias Classroom* (book)
- *Kids Like Us* (book)
- *Start Seeing Diversity* (book)
- *Big as Life,* 2 volumes (book)
- *Celebrate!* (book)
- *Prime Times* (book)
- *In Our Own Way* (book)
- *Future Vision, Present Work* (book)
- *Those Itsy-bitsy, Teeny-tiny, Not-So-Nice Head Lice* (book)

Train-the-Trainers Workshop

Professional staff of Sherwood ExCel Program were asked to provide PiCC and others consulting with child care providers special training on ways to support children with communication delays. The plan was to offer two sessions: one on communication issues and another on sensory integration issues. The intended audience consisted of public health nurses from the Children with Special Health Care Needs program and other Snohomish Health District programs, school nurses, and private nurse consultants. The first session was offered in spring of 2000, but was poorly attended due to it being held late in the school year. The second session did not occur due to a lack of follow-up by those involved in planning.

SECTION VIII
Relationship Building with Office of Child Care Policy

Overview

Since its inception the Snohomish Health District's Partners in Child Care (PiCC) program has maintained a strong relationship with our local Office of Child Care policy. Licensing has always been available to answer our questions and provide assistance to our program. Partners in Child Care speaks at the licensing and re-licensing orientations, which allows us to market our program while relaying beneficial health and safety information. Licensors have relied on PiCC staff to offer technical assistance to providers needing help in health and safety areas.

Through our work with this grant, Partners in Child Care identified a need to further strengthen our collaboration with the local Office of Child Care Policy staff. Our intent was to enhance communication and develop a clear understanding of both programs' roles and responsibilities. In particular, both agencies were interested in developing consistency in the delivery of our health and safety messages to the child care providers. We recognized that establishing a unified message was essential in maintaining credibility. As a result, the PiCC team began meeting quarterly with the OCCP staff to facilitate communication and developed a Memorandum of Understanding between the two agencies.

Quarterly Meetings

Partners in Child Care actively participates in quarterly meetings with members of the Region 3 Office of Child Care Policy. The meetings provide an excellent arena for all staff to share information. We are currently discussing our varying roles as consultants and regulators, the message we are sending to the child care community, and challenges that should be mutually addressed by both agencies. These meetings have been very successful. We intend to continue building on the positive relationship we have established with OCCP well into the future.

Memorandum of Understanding

Partners in Child Care staff united with the local Office of Child Care Policy (OCCP) staff to develop a Memorandum of Understanding (MOU) in the winter of 2001. The purpose of the MOU was to allow free exchange of information between both agencies regarding health and safety issues noted by field staff while visiting child care facilities. Without the MOU, communication between PiCC health and safety consultants and OCCP licensors would be significantly slowed due to legalities. The MOU allows uninhibited legal communication between both agencies without the need of arduous, burdensome procedures. A copy of the MOU agreement can be found in Appendix VI.

SECTION IX
Budget

Overview

SHD was awarded $213,000 from the Office of Child Care Policy (OCCP) for the Quality Improvement Grant. This figure includes the additional sum provided by OCCP for the collaboration projects outlined in the Request for Proposal. SHD agreed to match at least 25% of those funds by providing a 1.0 FTE health educator to teach health and safety related courses, by paying 26.6% of indirect costs, and by covering administration costs of 36.9%. Estimated cost of SHD match was $179,400.

By June 30th of 2001, SHD appropriately expended the total awarded dollars, in addition to exceeding the match requirement.

Initial Budget

SHD has successfully managed the Quality Improvement Grant budget within an acceptable range. In July of 2000 our program had not been able to expend the total budget, largely as a result of I-695, internal reorganization, and shifting of staff. Carry over of excess funds was requested and granted, allowing us to carry over $8,100 from year one to year two of the grant. This carry over of funding allowed SHD to continue providing the important services to child care providers under the Quality Improvement Grant for approximately three additional weeks.

Alterations made to the Original Budget

Because I-695 created a shift in our staff, we found it necessary to rehire staff to fulfill the grant work. Consequently, more advertising and staff development dollars were required than we had originally allocated. We were able to revise that line item of our budget from year one to year two, creating an acceptable ending balance. Our experience overall has shown the funding categories were appropriately calculated as a whole and additional categories were not necessary.

SECTION X
Discussion

Effects of Consultation and Training on Assessment Scores

A comparison of the initial and final Health and Safety Assessment indicates that regular interaction between child care facilities and health professionals improves the quality of care children receive. Analysis of the data revealed the average assessment score increased 0.8, with a range of –0.2 to 2.2 (on a scale of 1 to 7).

A Health and Safety Assessment is conducted to identify topics of concern and highlight areas where a child care excels. A copy of the report is sent to the provider, giving the provider the information necessary to make improvements. For the tool to be effective the provider must have the desire to create a safe and healthy environment. Most child care providers are motivated to do the best job possible. Working with Partners in Child Care health consultants, the provider prioritizes and addresses those areas needing the most attention.

Areas of consultation were chosen jointly by the child care provider or director and PiCC staff. For the most part, items scoring a 2 or less received the most attention. During consultations, providers received accurate, updated health and safety information and advice from the Partners in Child Care consultants. The top five topic areas discussed during consultations were:

1. Health and Illness Policies
2. Nutrition and Feeding
3. Behavior Management
4. Sanitation
5. Emergency Preparedness

Health and Illness Policies is a catch-all category that includes staff health, exclusion guidelines, immunization and health records, SIDS prevention, prevention of head lice, and oral health. In general, a topic was discussed on more than one occasion in order to introduce information and to follow-up on whether any behavior change had occurred. According to behavior change theory, people go through multiple stages before actually adopting a new behavior or practice. Many times one public health nurse covered a topic early in the project, no change occurred as evidenced by the Health and Safety Assessment, so the topic would be addressed again on another visit and further consultation or training was offered. This was especially true for immunization records, exclusion guidelines, and oral health.

With few exceptions, a score of "1" (inadequate) was given in the area of oral health, one of the subcategories under "Health and Illness Policies." Child care providers have not embraced the potential impact of poor dental hygiene and lack of dental care upon children's overall health. In response to the overwhelming lack of information, curriculums, or dental hygiene practices in child care, PiCC is currently developing an oral health education program based on the criteria found in the Guide to Health and Safety. With this program the staff is confident that the needs will be met for sufficient oral health education, and subsequently scores would increase.

Nutrition and feeding was one of the most frequently discussed topics between PiCC staff and the child care providers. Few providers had updated lists of children with food allergies and fewer knew what the child's reaction might be to the allergen. It became apparent that many providers added foods to the allergy list based on parent's preferences to avoid those foods, not on actual allergies. Also, much resistance and misunderstanding exists regarding the implementation of family-style meal service. Based upon the high demand for information and low scores on nutrition and feeding, the services of a registered dietician were added to the PiCC program in October of 2000 with funding from the Infant Toddler Initiative.

Nearly all of the child care providers involved in the project expressed concern about managing children's behavior and needed extensive assistance to help staff increase their skills in this area. For the health consultants, it can be challenging to help providers to see the significance of their interactions with individual children and to change the emotional tone they set for the group. The improvement in the Health and Safety Assessment scores noted in this study indicates that providers want to make changes. More resources need to be devoted to preparing the often young and inexperienced staff to meet children's social and emotional needs while in group-care. The Special Needs Triage Consultant (SNTC) has been the identified point of contact for child care providers with children of concern and most providers were referred to her for services. Due to the lack of funding for the SNTC position, the lead agency on the Special Needs Child Care Committee was forced to subcontract with HeadStart for mental health consultation services 2 to 3 days per week. This greatly impacted the availability of the SNTC to address the time-consuming and complicated tasks of her position. The public health nursing staff has established a developmental screening, observation, and referral process to meet the needs of providers around some behavior concerns, yet few referrals came back to PiCC from the SNTC. A more coordinated effort and stable funding are required to adequately address the problem. The child care community still needs and wants help.

Unlike the area of behavior management, where providers often must change the overall way they deal with children and misbehavior, the topic of Sanitation was frequently easier to address and improve. During the initial Health and Safety Assessments, many child cares were found to need assistance in the area of sanitation.

The poor hand washing practices and improper diapering techniques observed could easily have lead to the spread of illnesses. As a result, many of the first consultations focused on hand washing, sanitizer use, and safe diaper changing procedures. The largest change in score was observed in this area.

Additionally, many consultations addressed emergency preparedness. Partners in Child Care has always been aware of the risk of earthquakes and other disasters in the Puget Sound region of Washington state and has made emergency preparedness a program priority. The supportive, educational efforts of PiCC staff and the willingness of providers to work in this area paid off in February 2001 when a major earthquake hit Washington state during child care hours. A full description of the PiCC's experience with this earthquake event is found in Appendix VII. Grant participants reported feeling prepared and most handled the situation very well. PiCC believes the earthquake was an excellent example of the positive effects our consultation can have.

One of the most challenging areas of consultation was Growth and Development. While child care providers are very interested in ensuring the best environment for children's advancement, the process of training staff and increasing knowledge in this area takes a large amount of time. Due to the short duration of this grant project, it was not possible to dedicate a sufficient amount of time to this area. As a result, the smallest score change was noted in this area.

For some topics a provider's score increased slightly even though no consultation occurred on the subject. The information provided in the assessment tool may have had a positive effect just by drawing a provider's attention to the issue or reminding a provider of what he or she already knew to be good practice.

Further data analysis was done to determine why two of the centers showed no increase in score. The Health and Safety Assessment works under the assumption that regular interaction between the child care and health professionals improves the quality of care. Over a 12-month period one center (C-24) missed 6 visits and the other center (C-8) missed 9 visits. Consultation visits were cancelled for various reasons, including provider's failure to return phone calls or being unavailable when called. Missing the consultation visits resulted in the director forfeiting opportunities to learn about better practices, as reflected by the lower assessment scores.

The successes found in the participating child care centers or homes were a direct result of the director's or provider's attitude. Making improvements requires acceptance of ideas, criticism, and changes. Directors and home providers who seemed to feel threatened by PiCC's comments or presence appeared to have the most resistance to ideas for change. The PiCC staff realized the importance of a non-threatening approach.

Overall, the effects of consultation and training were positive with all providers. By the increase in consultation phone calls, information requests, and interest in regular visits, it was evident that the project provided a higher level of support than before the inception of the grant project.

With the enhanced relationships between the PiCC staff and the providers also came the need for more classes, individual training, and consultation requests for special needs. Additional classes, training, and consultations that the PiCC staff offered included a special medication management in-service, a teen-parenting series of classes, SIDS education for parents and child care staff, special nutritional needs consultations, animal and pet management, and networking between providers.

By the end of the project it was evident that many of the providers had taken full advantage of PiCC's consultation and training. Many, in fact, were ready for advanced information. For example, one provider requested more than a basic, or "101-level," approach to behavioral management. She and her staff had taken all of our classes and felt ready for a more advanced approach to meeting special behavioral needs of the children in their care.

Referrals Made

On the last page of the Health and Safety Assessment report, providers receive referrals to more specialized Partners in Child Care consultations as well as to other community groups and agencies that may be of benefit. Partners in Child Care offers many in-depth consultations which address a particular health and safety item. It was suggested that providers take advantage of these services, which include:

- menu and nutritional assistance from our nutritionist
- playground design assistance and safety reviews
- review of immunization records and assistance developing a tracking method
- review of the center's health plan, which PiCC will then sign off on
- development of a disaster plan and emergency preparation assistance
- oral health education
- water testing for providers served by individual wells
- observation and screening for children with behavior concerns
- advice and information about specific illnesses

In addition to PiCC services, the consultants made referrals to other professionals and organizations based upon the individual needs of a provider or a particular child in child care. These referrals included:

- Children with special health care needs, developmental delays or behavioral concerns were referred to the Special Needs Child Care Triage Coordinator

(SNTC), Child Care Resource and Referral (CCR&R), The Infant/Toddler program, local school districts, Compass Health, or the Little Red Schoolhouse

- Children's Administration (Child Protective Services/CPS) was the state agency utilized when abuse and neglect was suspected by a provider or a PiCC team member; Compass Health was the organization referred to most often for cases involving abuse counseling and other therapeutic intervention.

- The Washington State Department of Health (DOH) and the Office of Child Care Policy (OCCP) were utilized for clarification and communication on the minimum licensing requirements. Providers are informed that DOH offers plan reviews for centers making renovations, additions, or new construction. Due to DOH staffing constraints, often PiCC will also provide advice in this area.

Relationship Building with the Child Care Community

One of the purposes of the OCCP grant project was for Partners in Child Care to build an alliance with the child care providers they serve. Since the inception of the grant project the PiCC team has forged relationships with the grant participants through regular monthly visits. The Health and Safety Assessments served to build trust and credibility between the providers and PiCC. The consultants made themselves available to each provider for individualized support.

Providers were invited to call with questions at any time. These questions ranged in subject matter from illnesses and referral needs to requests for continued regular visits beyond the grant period. Several providers stated how comforting it was to know that the PiCC public health nurse and environmental specialist were both just a "phone call away."

By providing educational opportunities along with consistent and positive contact, PiCC set the foundation for relationships that would not only improve the quality of child care but also encourage open communication. There have been many instances when PiCC has referred grant participants to other providers to share ideas, support, and guidance. Two providers have recently joined forces to design a program that would facilitate substitute teachers for child care centers and homes. This type of community partnership demonstrates the benefits of working together to address concerns and facilitate solutions. The PiCC team approach opened doors to new relationships between child care providers and the Snohomish Health District.

Verbal and written feedback received by the PiCC team from providers indicated both satisfaction and dissatisfaction about the visits, the program, and the educational opportunities. Providers commented that the information received was beneficial and the grant project was valuable in helping them to implement positive health and safety

practices. The participating child cares liked the non-regulatory nature of the grant visits. Providers reported feeling that PiCC was respectful of their primary responsibility to care for the children.

This grant project has also been an excellent learning opportunity for the Partners in Child Care program. Providers helped the health consultants to understand which suggestions worked and which were not realistic. Providers often came up with practical solutions to problems and offered valuable input to PiCC staff helping us to better understand their daily challenges. PiCC appreciates this input and has incorporated providers' suggestions and ideas into our consultations and program. Also, in response to provider feedback, PiCC will be enhancing the educational component of the program.

PiCC also developed a Disclosure Statement as an insert to our program brochure describing our role and boundaries as consultants to the child care community. Specifically, it states what our intent is as a professional child care health and safety consultant and what we, as professionals, are required to do if we note particular critical health and safety issues while on-site at a child care facility. For example, if we observe a failing septic system at a home child care while performing a consultation, it is our professional obligation to report the failed system. Likewise, if we note abuse or neglect of a child, we also must move forward with reporting. The intent of the Disclosure Statement is to relay clear communication to the provider of our professional boundaries and the intent to build positive relationships. A copy of this disclosure statement can be found in Appendix VI. This Disclosure Statement was developed in response to a provider who became upset with PiCC following the discovery of an imminent public health hazard at the child care and a subsequent report to the licensing agency by PiCC. This home provider and three neighboring home providers ended their participation in the grant project following this event. Hopefully, with the Disclosure Statement in place, future misunderstandings such as this can be averted by making the roles of Partners in Child Care and the child care providers clear.

Scheduling and Canceling Appointments

Measuring the effectiveness of regular, monthly interaction with child care providers first required PiCC staff to learn how and when to schedule the consultation appointments. Health and Safety Assessments need about three hours of time in the mid- to late-morning with the opportunity to see many practices like activity transitions, meal preparation, diapering, and staff/child interactions. Other consultations could be scheduled in the afternoons with naptime being the most commonly requested appointment time for both home and center providers.

Internal scheduling difficulties experienced by the many staff members included double-booking and deciding which team members would attend the appointment (i.e.

the public health nurse, the environmental health specialist, or both). On some occasions two staff members visited a provider on the same day or one week apart and on other occasions months were skipped. The use of a computerized calendar that could be accessed by all staff had a substantial positive impact on scheduling. Both the public health nurse and environmental health specialist attended each Health and Safety Assessment and each consultation, unless the consultation follow-up issues were clearly related to one profession or the other.

Other scheduling difficulties related to the nature of the child care business. Child care center directors must manage many appointments, activities, staffing issues, parents, and much paperwork. The explanations heard by PiCC staff from directors or home providers who cancelled or did not show up for appointments were: being short staffed, unplanned events, poor planning, or simply no explanation at all.

Effects of Staff and Director Turnover

PiCC understands how detrimental frequent staff changes can be to the children in child care as well as the child care facility as a whole. Consistency of a caregiver is important for child development. During the Health and Safety Assessments, the director of each child care center was asked how many new staff had been recently hired. Unfortunately, this question was not asked in the same manner by all PiCC team members and the length of time between assessments was not consistent. This created problems in calculating an actual turnover rate. However, every child care facility involved in the grant experienced some staff turnover. While some centers experienced heavy turnover, others faced only minor staff changes. Home child care centers experienced little or no staff changes.

Staff turnover is typical for the child care industry. Low wages and the lack of benefits is a major part of the problem. Many child care centers and most home child cares, find it difficult to offer sick and vacation leave for their employees. The child care community has a better chance at retaining good employees when sick leave, health care, and other benefits are offered. It was difficult to fully determine if the child care centers in our program offering benefits had a lower staff turnover rate.

Director changes also have a tremendous effect on a child care center. The centers involved in our project that experienced a director change appeared to experience a significant staff change as well. Consultation on many health policies and practices needed to be repeated once a new director took charge of a center.

PiCC would certainly support a study conducted to better understand staff attrition and changes. In the meantime, PiCC will continue its consultative work with the hope that staff turnover can be minimized by the support provided.

SECTION XI
Summary

During this grant project, the Partners in Child Care (PiCC) team learned many valuable lessons about conducting health assessment and consultation in child care facilities and interacting with child care providers and community collaborators. In addition, PiCC realized the importance of collecting data in a consistent manner.

Of the many lessons learned, we consider the following three to be of the greatest value:

- Child care quality is increased through routine health and safety consultation and educational opportunities provided by a multidisciplinary team of health professionals.

- Child cares that are visited on a regular basis by health professionals usually develop an open, trusting, mutually-beneficial relationship.

- While both family child care homes and child care centers greatly benefit from routine health consultation, the tool and methodology utilized by this project are better suited for centers. An alternate method may better fit the home child care environment.

This grant has provided PiCC and the entire child care community with useful information about child care health consultation. The Office of Child Care Policy Quality Enhancement grant has allowed PiCC to develop a comprehensive assessment tool, enhance our consultative skills, and build strong relationships with the providers we serve and our community partners.

By using the information detailed in this report, the assessment and consultation program developed can be duplicated by other local health jurisdictions. Partners in Child Care would be honored to serve as a mentor and assist other local health departments interested in replicating all or part of this project.

Partners in Child Care intends to present the information contained in this report at a number of conferences and meetings in the upcoming year. These opportunities include: Snohomish Health District Board of Health meeting, Washington State Joint Conference on Health, Snohomish Health District Community Health All-staff meeting, Office of Child Care Policy Licensing Conference, CCCC Health and Safety Subcommittee meeting, PiCC/Child Care Resource & Referral Advisory Council, Snohomish County Association for the Education of Young Children Rejuvenate

Conference, Washington State Environmental Health Association Annual Educational Conference, and the Annual Child Care and Health Partnerships Symposium.

APPENDIX I
Grant Proposal as Submitted

This appendix includes the following items which were submitted to the Office of Child Care policy on March 25, 1999:

- Letter of Submittal
- Contractor Intake and Update Form
- Quality Improvement in Child Care Grant Proposal
- Eight letters of support written by our collaborators and community partners

APPENDIX II
Report of Grant Progress - Midway

This appendix includes a copy of the report given to the Department of Social and Health Services Division of Licensed Resources on December 28, 2000 to describe our progress on the grant to date.

APPENDIX III
Guide to Health and Safety / Databases

This appendix includes the following items related to the Guide to Health and Safety and accompanying databases:

- Partners in Child Care Guide to Health and Safety
- Health and Safety Assessment Report Form
- PiCC Provider Information Database
- Partners in Child Care Consultations Database
- Partners in Child Care Training Database

For additional copies of the Guide to Health and Safety, please contact:

Snohomish Health District
Partners in Child Care Program
3020 Rucker, Avenue, Ste. 203
Everett, WA 98201
(425) 339-5230

APPENDIX IV
WSALPHO Award

This appendix includes a copy of the initial Award for Excellence in Public Health certificate received by Partners in Child Care from the Washington State Association for Local Public Health Officials (WSALPHO) in October of 2000. A plaque was received at a later date. Also included in this appendix is our application for the award.

APPENDIX V
Survey Forms

The following are the survey forms that were used with parents and providers at the beginning of this project and at the conclusion as described in Section 6.

APPENDIX VI
Memorandum of Understanding (MOU) and Disclosure Statement

This appendix contains the following three documents:

- Memorandum of Understanding Between Snohomish Health District (SHD) and Department of Social and Health Services (DSHS) Office of Child Care Policy (OCCP)
- Exhibit "A": Understanding of Responsibilities for Office of Child Care Policy (OCCP), Department of Health (DOH), and Snohomish Health District (SHD)
- Partners in Child Care Disclosure Statement

APPENDIX VII
Western Washington Earthquake Experience

This appendix contains a narrative account of the Partners in Child Care program's experience during the 6.8 magnitude earthquake that hit Western Washington in February of 2000.

The Nisqually Earthquake - What it Showed Us

Disaster preparedness is an important component of the PiCC program. On February 28, 2001, at 10:54 AM Western Washington experienced a 6.8 magnitude earthquake. Most of the PiCC staff were in the field at child care facilities during the earthquake. Following the earthquake, PiCC staff phoned each grant provider to inquire about their experience.

All providers reported feeling well-prepared, yet very lucky. Some had interesting ways to encourage the children to find their way under tables. There were reports of cookies, toys, and the directors themselves leading the way under the tables in Pied Piper fashion.

Directors and staff stated they were grateful for the environmental health specialist's recommendations to nail, bolt, secure, and remove all heavy, and potentially dangerous, objects and furniture. There were many reports of directors and staff feeling comfortable about the preparation and actual implementation of PiCC's safety recommendations.

Each provider felt positive about the manner in which the earthquake event was handled by the child care. Many also realized that there are still areas where improvement might be needed. These included: staff communication with their own families and individual preparedness at home and how communication would be managed with parents of children in child care. Every child care provider interviewed felt that the earthquake was an excellent learning experience and a confirmation of the excellent planning and preparation assistance from PiCC.

The PiCC staff was impressed with the time and effort spent by many directors to alleviate the post-earthquake fears of some children. One provider reported that she used the dollhouse, dolls, and furniture to "re-create" the earthquake with the children. Each addressed children's individual needs, concerns, and fears. The providers also addressed these issues with the parents.

Reports from PiCC staff in the "field" consulting with child care centers and homes during the earthquake were very positive. Most directors and their staff acted calmly and quickly. The children were attended to safely and quickly. Just a few minutes after the earthquake phones began ringing with concerned parents. One provider was

overheard telling a parent, “not to worry, the health department was here the whole time!”

APPENDIX VIII
Newspaper Articles

This appendix contains two recent articles printed in local newspapers about the Partners in Child Care program:

- November 2, 2000; The Tribune: Health District Recognized for Partners in Child Care Program
- December 20, 2000; The Enterprise: Germs go 'bye bye,' Health District partners with childcare centers

APPENDIX IX
Letters of Support

This appendix contains copies of letters written by child care providers who participated in this grant project, including:

- Kids 'N Us
- Nanny's House Child Care
- Sally's Kids Daycare
- Scott/Herald Family Services Association
- Tomorrow's Hope Childcare